



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

February 09, 2011

Jay Schweikert
Lario Oil & Gas Company
301 S MARKET ST
WICHITA, KS 67202-3805

Re: ACO1
API 15-171-20195-00-01
HRC Feed Yards 2-36 RE/SWD
SW/4 Sec.36-18S-34W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Jay Schweikert



PAGE 1 of 1	CUST NO J02301	INVOICE DATE 10/26/2010
INVOICE NUMBER 1717 - 90440601		

Liberal (620) 624-2277
 B LARIO OIL & GAS
 I PO Box: 1093
 L GARDEN CITY
 L KS US 67846
 T
 O ATTN:

J LEASE NAME HRC Feedyards #2-36
 O LOCATION Drilling 11/1/10 AFE-10-272
 B COUNTY Scott ck
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40245132	27808		Net - 30 days	11/25/2010
For Service Dates: 10/23/2010 to 10/23/2010				
0040245132				
171701458A Cement-New Well Casing/Pi 10/23/2010 5 1/2" Longstring				
AA2 Cement	265.00	EA	10.50	2,782.67 T
A-Con Blend	375.00	EA	10.73	4,024.28 T
Premium Plus Cement	50.00	EA	9.40	470.22 T
Premium Plus Cement	50.00	EA	9.40	470.22 T
Salt	1,336.00	EA	0.29	385.41 T
Gilsonite	1,325.00	EA	0.39	512.19 T
CAF 38 Defoamer	63.00	EA	4.04	254.44 T
FLA-115	150.00	EA	8.65	1,298.15 T
WCA-1	71.00	EA	14.42	1,024.10 T
Celloflake	119.00	EA	2.13	254.03 T
Calcium Chloride	1,247.00	EA	0.61	755.44 T
Cement Shoe Packer - 5 1/2"	1.00	EA	2,134.74	2,134.74
Basket - 5 1/2"	1.00	EA	167.32	167.32
Latch Down Plug & Assembly - 5 1/2"	1.00	EA	490.41	490.41
Centralizer - 5 1/2"	16.00	EA	63.47	1,015.45
Two Stage Cement Collar - 5 1/2"	1.00	EA	3,519.44	3,519.44
Threadlock Compound Kit	1.00	EA	19.62	19.62
Super Flush II	500.00	EA	0.88	441.37 T
Heavy Equipment Mileage	400.00	MI	4.04	1,615.48
Blending & Mixing Service Charge	740.00	MI	0.81	597.73
Proppant and Bulk Delivery Charge	3,485.00	MI	0.92	3,217.11
Depth Charge; 4001' - 5000'	1.00	EA	1,453.93	1,453.93
Additional Stage Charge	1.00	EA	1,246.23	1,246.23
Plug Container Charge	1.00	EA	144.24	144.24
Service Supervisor Charge	1.00	HR	100.97	100.97
Car, Pickup or Van Mileage	100.00	MI	2.45	245.21

NOV 02 2010

FILE				
DB				
MM				
DM				

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	28,640.40
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	1,051.82
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	29,692.22
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

Customer <u>LORIO OIL & GAS</u>		Lease No.		Date	
Lease <u>HRC Feed yard</u>		Well # <u>2-36</u>		<u>10-23-10</u>	
Field Order #	Station	Casing <u>5.5</u>	Depth <u>4905</u>	County <u>Scott</u>	State <u>Ks</u>
Type Job <u>5.5 long string 2-42</u>			Formation	Legal Description <u>36 18 34</u>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>5.5 15.4</u>				Pre Pad	Max		5 Min.	
Depth <u>4905</u>	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press <u>2500</u>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative <u>MARCU</u>	Station Manager <u>Terry Bennett</u>	Treater <u>Robert Cox</u>
--------------------------------------	--------------------------------------	---------------------------

Service Units	<u>27803</u>	<u>19553</u>	<u>19827</u>	<u>19663</u>	<u>19805</u>	<u>19808</u>				
Driver Names	<u>A Olivera</u>	<u>D Cavaday</u>	<u>V Vasquez</u>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>6:00</u>					<u>on loc w/ float equipment</u>
<u>07:00</u>					<u>start casing in hole</u>
<u>10:05</u>					<u>start circulating on bottom</u>
<u>12:00</u>					<u>safety mtg</u>
<u>12:05</u>					<u>pressure test to 2500</u>
<u>12:12</u>	<u>1350</u>				<u>Inflate jacker shoe opens @ 1350</u>
<u>17:13</u>			<u>22</u>	<u>4</u>	<u>Pump superflush and spacers</u>
<u>12:18</u>	<u>0</u>		<u>11.93</u>	<u>2</u>	<u>Plug Rate mouse hole</u>
<u>12:35</u>	<u>400</u>		<u>0</u>	<u>3.5</u>	<u>blow up start cmt 15 #</u>
<u>1:10</u>	<u>300</u>		<u>69</u>	<u>5.0</u>	<u>start displacement</u>
<u>1:30</u>	<u>400</u>		<u>80</u>	<u>5.0</u>	<u>switch to mud</u>
<u>1:39</u>	<u>1200</u>		<u>36</u>	<u>0</u>	<u>plug down Release pressure hold</u>
<u>1:40</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>Drop Tool opening Bomb</u>
<u>1:55</u>	<u>1100</u>			<u>3.5</u>	<u>dump through tool opens 1100 psi</u>
<u>2:00</u>					<u>Turnover to Rig to circulate</u>
<u>5:30</u>	<u>300</u>		<u>0</u>	<u>4.5</u>	<u>start 2nd stage cmt 11.2 #</u>
<u>6:41</u>	<u>400</u>		<u>216</u>	<u>4.5</u>	<u>switch to Tail 14.8 #</u>
<u>1:48</u>	<u>0</u>		<u>12</u>	<u>0</u>	<u>shut down drop plug start disp</u>
<u>7:04</u>	<u>2400</u>		<u>54.5</u>	<u>4.0</u>	<u>plug down & Holding</u>
<u>7:05</u>					<u>release pressure plug Holding</u>
					<u>Tool closed</u>

Thanks



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01458 A

DATE _____ TICKET NO. 1458A

DATE OF JOB <u>10-23-10</u> DISTRICT <u>1717 Liberal</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>Lario Oil Co</u>		LEASE <u>HRC Feed yards</u> WELL NO <u>2-36</u>							
ADDRESS _____		COUNTY <u>Scott</u> STATE <u>Ks</u>							
CITY _____ STATE _____		SERVICE CREW <u>Klor A Oliveira D Canaday V Vasquez</u>							
AUTHORIZED BY <u>J Bennett JRB</u>		JOB TYPE: <u>5.5 Long string</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27808</u>	<u>12</u>						<u>1022</u>	<u>PM</u>	<u>1600</u>
<u>19553</u>	<u>12</u>					ARRIVED AT JOB	<u>1022</u>	<u>AM</u>	<u>930</u>
<u>19827</u>	<u>12</u>					START OPERATION	<u>1023</u>	<u>AM</u>	<u>1200</u>
<u>19883</u>	<u>12</u>					FINISH OPERATION	<u>1025</u>	<u>AM</u>	<u>700</u>
<u>19805</u>	<u>12</u>					RELEASED	<u>1023</u>	<u>AM</u>	<u>745</u>
<u>19808</u>	<u>12</u>					MILES FROM STATION TO WELL	<u>100</u>		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 105	AA-2 cement	SK	265		4823 00
CL 101	A-Con Blend	SK	275		6975 00
CL 110	Premium Plus cement	SK	50		815 00
CL 110	Premium Plus cement	SK	50		815 00
CC 111	Salt	lb	1336		668 00
CC 201	Gilsonite	lb	1325		887 75
CC 107	CAF 38 Defoamer	lb	33		441 00
CC 124	FLA-115	lb	150		2250 00
CC 130	WLA-1	lb	71		1775 00
CC 102	Celloflake	lb	119		440 30
CC 109	Calcium Chloride	lb	1247		1309 35
CE 1001	Cementing Shoe Parker Type	EA	1		3700 00
CE 1961	5 1/2 Basket	EA	1		290 00
CE 1001	5 1/2 Latch down Plug Assembly	EA	1		850 00
CE 1771	Centralizers 5 1/2 x 7 7/8	EA	16		1760 00
CE 401	2 stage cement collar	EA	1		6100 00
CE 3000	Thread Lock	EA	1		24 00
CC 155	Super Alush II	gal	500		765 00
SUB TOTAL					<u>28640 40</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

